

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5272

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed

4

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Nelda Wells
NICKNAME LAST SUFFIX
Spears

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
P. O. Box 2310 Austin, TX 78768

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Bill
NICKNAME LAST SUFFIX
Aleshire

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
3605 Shady Valley Drive Austin, TX 78739

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 280-0041

8 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
07 / 01 / 02 12 / 31 / 02

10 ELECTION

ELECTION DATE: Month Day Year
ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any) Travis County
Tax Assessor-Collector

12 OFFICE SOUGHT (if known)

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box, Apt / Suite #, City, State, Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Nelda Wells Spears

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -0-

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 255.65

4. TOTAL POLITICAL EXPENDITURES

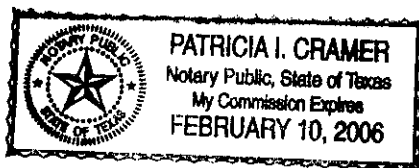
\$ 255.65

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Nelda Wells Spears
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nelda Wells Spears, this the 8th day of January, 20 03, to certify which, witness my hand and seal of office.

Patricia I. Cramer
Signature of officer administering oath

Patricia I. Cramer Notary Public
Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)**4** Date

7-1-02

5 Payee name

AFL-CIO

7 Amount
(\$)

\$65.00

6 Payee address; City, State, Zip Code

P. O. Box 684644 Austin TX 78768

8 Purpose of payment (See instructions regarding type of information required.)

Labor Day ad

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

7-24-02

Payee name

Office Max

Amount
(\$)

\$37.65

Payee address; City, State, Zip Code

5451 N IH 35 Austin TX 78723

Purpose of payment (See instructions regarding type of information required.)

Ink cartridge/printer

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

9-3-02

Payee name

Antlered Guard

Amount
(\$)

\$25.00

Payee address; City, State, Zip Code

5005 Timber Wold Circle Austin TX 78727

Purpose of payment (See instructions regarding type of information required.)

Ad in Elk's Fall Encampment booklet

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

11-21-02

Payee name

Black Women's Political Caucus

Amount
(\$)

\$60.00

Payee address; City, State, Zip Code

3013 E. 13th Street Austin TX 78702

Purpose of payment (See instructions regarding type of information required.)

Donation for sickle cell fundraiser

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-20-02

5 Payee name

U. S. Postmaster

7 Amount
(\$)

\$68.00

6 Payee address, City, State, Zip Code

6th & Guadalupe Austin, TX 78701

8 Purpose of payment (See instructions regarding type of information required)

Post Office Box annual fee

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address, City, State, Zip Code

Purpose of payment (See instructions regarding type of information required)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address, City, State, Zip Code

Purpose of payment (See instructions regarding type of information required)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address, City, State, Zip Code

Purpose of payment (See instructions regarding type of information required)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED